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** NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

PANDEMIC INFLUENZA VIRUS (NOVEL A: H1N1)

Novel Influenza A H1N1 (Swine Flu) Activity in Thurston & Mason County

We continue to see cases of novel H1N1 circulate in our community and most cases have mild to moderate symptoms. We currently have several individuals admitted to area hospitals with more severe illness. Four cases are confirmed novel H1N1.

PREVENTING EXPOSURE IS MOST EFFECTIVE

Most individuals ill with influenza recover within 7 – 10 days. Persons who develop lower respiratory symptoms or with underlying chronic disease may be more likely to progress to more severe illness.

Health care workers and first responders should remain calm and use precautions to prevent exposure to droplets and secretions from persons suspected of influenza. Please use universal precautions when treating patients, and use appropriate droplet precautions including masks and eye protection when obtaining lab specimens. At the very least, it is prudent to use a surgical mask when within droplet range when dealing with a person with fever and influenza like illness. Although antiviral medications are available for treatment and prophylaxis, it may not always be effective, supply may become limited and it is always best to prevent exposure.

Remind your **patients** the best way to protect themselves from getting influenza is to practice social distancing, stay home when ill, cover coughs or cough into their elbow and wash hands with soap and warm water, if soap and water are not available use an alcohol based hand sanitizer.

RAPID FLU KITS FOR INFLUENZA A and B

Rapid influenza tests that are positive for Influenza A are most likely due to novel H1N1. However, many people with H1N1 may have a negative rapid flu test. There are many different kits available and the sensitivity varies. Please use your clinical judgment.

TREATMENT WITH ANTIVIRAL MEDICATIONS

Treatment with antiviral medications **MAY** be effective in decreasing symptoms and viral shedding by a few days. It **MAY** prevent complications in persons at high risk for complications due to influenza. Treatment with Tamiflu or Relenza is given two times a day for 5 days.

Consider antiviral treatment for patients you **suspect has Novel H1N1 influenza** (even if rapid flu test is negative), in the following situations:

- ILI (Influenza like illness) is in pregnant woman
- ILI in hospitalized patients

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- ILI in children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
- ILI with pneumonia, shortness of breath or lower respiratory tract infection
- ILI with symptoms suspicious for CNS involvement (severe headache, stiff neck, meningitis ruled out)
- ILI in patients at high risk of complications from Flu
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Immunosuppression, including that caused by medications or by HIV;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy;
- ILI in health care workers, first responders, workers in congregate care or correctional facilities

Consider antiviral treatment for patients who are severely ill (in critical care) and suspected or confirmed to have influenza H1N1 even if it has been more than 48 hours after onset.

CONSIDERATIONS FOR POST- EXPOSURE PROPHYLAXIS

- Post exposure antiviral chemoprophylaxis (1 dose daily X 10 days) with either oseltamivir or zanamivir **MAY** be effective in preventing influenza due to H1N1 but is best *started within 48 hrs after exposure* to ill individuals.
- Post exposure antiviral chemoprophylaxis (1 dose daily X 10 days) started more than 48 hours after exposure may risk under treatment (*if the exposed develops influenza H1N1 after exposure*) and precautions should be taken to prevent further spread of influenza.
- Persons who are being assessed for post-exposure treatment and are symptomatic should receive treatment doses (BID for 5 days).

Not everyone needs post-exposure prophylaxis. Prophylaxis should be considered in the following **IF** it can be started within 48 hours after exposure to a known H1N1 case:

1. Close contacts of cases (confirmed, probable, or suspected) who are at high-risk for complications of influenza
2. Health care personnel, public health workers, or first responders who have had a recognized, **unprotected close contact exposure** to a person with novel (H1N1) influenza virus infection (confirmed, probable, or suspected) during that person's infectious period. Information on appropriate personal protective equipment is available at: [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)

**Please call all cases of novel A:H1N1 and other notifiable conditions to:
 Notifiable Conditions Reporting Line at 360-786-5470 in Thurston County**

- Thurston County Patient information line 360-709-3080
- Information website: www.co.thurston.wa.us/health